

MULTIPLE DEPEN^D CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560465

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | 33 | ██████████ | ██████████ | ██████████ | ██████████ | ██████████ |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | ↓ | | ↓ | |
| TOTAL DEP. | | | ← | | ← | |
| TOTAL CLAIMS | | ██████████ | ██████████ | ██████████ | ██████████ | ██████████ |